

Medical Direction Committee Minutes
Hilton Garden Inn
April 10, 2008
10:30 AM

Members Present:	Members Absent:	Staff:	Others:
Allen Yee, M.D.	Norman Rexrode, M.D.	Elizabeth Singer	Debbie Akers
Scott Weir, M.D.	Joanne Lapetina, M.D.	Tom Nevetral	Keltcie Delamar
Stewart Martin, M.D.	William Hauda, M.D.	Scott Winston	David Cullen
James Dudley, M.D.	Barry Knapp, M.D.	Greg Neiman	Bill Akers
Cheryl Lawson, M.D.	David Lander, M.D.	Chad Blosser	Randy Abernathy
Theresa Guins, M.D.	John Potter, M.D.	Warren Short	Tracy Thomas
James Dudley, M.D.	Drew Garvie, M.D.	Gary R. Brown	Jeff Meyer
Charles Lane, M.D.	Janet Henderson, M.D.	Michael Berg	
George Lindbeck, M.D.	Sabina Braithwaite, M.D. (excused)	Amanda Davis	
Asher Brand, M.D.	Ace Ernst, M.D.		
Dave Garth, M.D.	Bethany Cummings, D.O.		
Mark Franke, MD.	Peter Bruzzo, D.O.		
Stewart Martin, M.D.	Joanne Lapetina, M.D.		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
1. WELCOME	James Dudley, M.D. called the meeting to order at 10:35 A.M.	
2. INTRODUCTIONS	All of the attendees were asked to please introduce themselves.	
3. APPROVAL OF MINUTES	The minutes from the January 17, 2008 meeting were approved with the correction that Mark Franke, M.D. was present. The minutes from the October 18, 2007 meeting was approved with the correction that Scott Weir, M.D. was present.	Minutes approved as amended. Minutes approved as amended.
4. NEW BUSINESS		
a. Determining a Virginia National Scope of Practice Discussion – Warren Short	Deferred until Item 5b. National Scope of Practice Certification Levels Impact on Virginia EMS System Update presentation.	
5. OLD BUSINESS		

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a. AHA/VDH Stroke Systems Plan Update - Keltcie Delamar	<p>Keltcie Delamar made the following report:</p> <ul style="list-style-type: none"> • A new community education campaign has been launched by The Stroke Collaborative (AAN, ACEP, & AHA/ASA). Give Me 5 provides a quick check for stroke, an easy mechanism to help the public learn the warning signs of stroke and how to respond. A PowerPoint presentation has been developed that EMS and other stakeholders can use in the field for lay education. Available from Keltcie at keltcie.delamar@heart.org. The Stroke Collaborative website www.giveme5forstroke.org can provide a look at the campaign. • Passage of the EMS stroke bill (HB479) has earned the attention of AHA National. Support for addressing the bill is forthcoming from National, through the Advocacy Dept and a working group of stroke experts looking at issues of hospital tiering and stroke center designation. We expect to be able to get information before release of their formal written document (est. 90 days) to aid implementation now in Virginia. The EMS systems development paper <i>Implementation Recommendations for EMS Within Stroke Systems of Care</i>, published in Sept 07, provides additional support. Copies provided at meeting - electronic available at http://www.americanheart.org/presenter.jhtml?identifier=3004586. • Among the set of stroke policy recommendations approved by the Joint Commission on Health Care, the Virginia Hospital and Healthcare Association is being requested to support hospitals in the process of developing formalized triage, treatment and transfer plans. The formal request is expected within the next few weeks and AHA will follow up to provide resources as needed. The process will help drive development of appropriate destinations for stroke patients. 	
b. National Scope of Practice Certification Levels Impact on Virginia EMS System Update – George Lindbeck, M.D.	<p>George Lindbeck, M.D. made a presentation for the subcommittee that consisted of: George Lindbeck, M.D., Peter Bruzzo, M.D., and Captain George Brown retired, that provided food for thought during the discussion on this issue.</p> <p>It was reported that the Professional development Committee approved a motion to urge the Medical Direction Committee “That PDC recommends to the MDC that a standard Virginia Scope of Practice be defined based on the National EMS Scope of Practice that defines maximum levels of practice for each certification level established in Virginia. The intent is to move Virginia in the direction of the National Model.”</p>	<p>Motion by Stewart Martin, M.D., seconded by Charles Lane, M.D. to have Virginia move to the National Scope of Practice (NSP) model to include the EMR, EMT, AEMT and Paramedic levels by the end of 2014 and the Medical Direction Committee will establish a ceiling for skills and training...Motion passed unanimously.</p> <p>James Dudley, M.D. and Randy Abernathy will develop a “position paper” outlining the proposed</p>

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	<p>The committee named the following persons to determine the “floor to ceiling” for skills and training for the proposed certification levels as described in the National Scope of Practice (NSP) model:</p> <ul style="list-style-type: none"> ▪ George Lindbeck ▪ Stewart Martin ▪ Asher Brand ▪ Allen Yee ▪ Debbie Akers ▪ Jeff Meyer ▪ Jeff Reynolds – PDC Representative ▪ OEMS DED Staff ▪ VAVRS Representative ▪ VAGEMSA Representative ▪ EMS provider 	<p>route for the move towards the National Scope of Practice (NSP) model.</p>
<p>c. Certified Professional Midwives (CPM) Program Subcommittee Update – Tom Nevetral</p>	<p>Tom Nevetral updated the committee that Connie Purvis had been named as the EMS representative to serve on the CPM committee to look into issues and solutions to enhance the smooth transition of EMS providers who come into contact with CPM in field deliveries.</p>	<p>James Dudley, M.D. advised that he would submit an e-mail to Sabina Braithwaite, M.D. to determine if she would like to participate.</p>
<p>d. VCCS Request for Alteration in Team Leader Evaluation – Bill Akers</p>	<p>At the last Medical Direction Committee (MDC) meeting a proposal was made by Lorna Ramsey and Bill Akers (representing the Virginia Community College System) to modify the number of competencies and Field Team Leader (FTL) calls for paramedic students enrolled in an EMT-intermediate to EMT-Paramedic bridge program.</p> <p>After careful discussion, the MDC approved the proposal. Effective June 1, 2008, all EMT-I to EMT-P Bridge programs with beginning dates AFTER June 1, 2008 may adopt the following policy regarding field competencies and FTL calls. These guidelines apply to all accredited paramedic programs.</p> <p>Note: A program is not required to adopt these guidelines. Programs that wish to enforce more stringent requirements on their students may do so. This policy sets the state minimums for students who meet the criteria described below.</p> <p><i>EMT-Intermediate/99 providers, who meet the stipulations below, will be allowed to count up to one-half of their EMT-Intermediate to Paramedic (I to P) clinical competency requirements using</i></p>	

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	<p><i>contacts they have had as Attendants-in-Charge (AICs) on EMS calls.</i></p> <p><u>Stipulations:</u></p> <ol style="list-style-type: none"> 1. The student must be released by their agency OMD to operate as an AIC at the EMT-Intermediate/99 level for a <u>minimum of six (6) months</u> (added by MDC in their approved motion). 2. The agency must have an active quality assurance program that monitors patient care. 3. The student must submit run sheets (sanitized of all patient identifiers). 4. The student can count patient contacts and skills performed up to two years prior to starting the I to P course. 5. Patient contacts and skills performed prior to being certified as an EMT-Intermediate/99 can NOT be used. 	<p>Motion by Asher Brand, M.D. and seconded by Charles Lane, M.D. to allow up to 25 of the 50 required Team Leader Skill competencies to be credited based on the policy that was submitted to the committee, with the stipulation that the Intermediate provider has been approved by their OMD as an Intermediate Attendant in Charge for a <u>minimum of six months</u>...</p> <p>Motion passed</p>
e. Status of Free Standing Emergency Centers – James Dudley, M.D.	<p>Stewart Martin, M.D. gave an update on the resolution of free standing emergency centers in the TEMS region. Barbara Lynch of Bon Secours Barboursville Health Center issued clarification on physician staffing in the Harbor View free standing emergency department assuring that the department would be staffed only by physicians board certified in emergency medicine (ABEM or AOBEM).</p>	<p>The following committee members are to work on the definition of “authority of the medical director” with the regulation and compliance division:</p> <ul style="list-style-type: none"> ▪ George Lindbeck, M.D. ▪ Stewart Martin, M.D. ▪ Allen Yee, M.D. ▪ James Dudley, M.D. <p>It was mentioned that they should also bring comments related to the transport of patients to the hospital of their choice issue.</p>
f. State Operational Medical Director Position Status – Gary Brown	<p>Gary Brown reported that that the VDH had received six qualified applications for the position which had originally been denied by the Secretary’s office but was re-submitted and approved as a part-time position with hopes that it would eventually become a full time position.</p> <p>Interviews would begin April 30th with the panel consisting of OEMS staff, Medical Direction Committee Chairperson and the interim State Operational Medical Director.</p>	
6. ALS Training Funds & Accreditation Update – Chad Blosser	<p>Chad Blosser submitted an <i>Advanced Life Support Training Funds Summary</i> (April 8, 2008) and <i>Accredited Training Site Directory</i> (April 8, 2008 attachments).</p> <p>He also mentioned that TRAIN Virginia was being utilized as well as two new on-line vendors. Chad also cautioned that on-line CE (distributive education) is limited by the NREMT for their</p>	

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	recertification requirements. View the NREMT recertification requirements at www.nremt.org for more information.	
7. ALS Program Issues – Tom Nevtral	Tom Nevtral advised the committee that Virginia Department of Emergency Management was working on revamping the Hazardous Material Awareness program so that it will contain a core course and then modules for first responders: law enforcement, VDOT, EMS, fire, etc.).	
8. BLS Program Issues – Greg Neiman	<p>The Professional Development Committee (PDC) proposed that State EMT-Basic practical testing be comprised of the following stations:</p> <ul style="list-style-type: none"> ▪ Trauma Assessment ▪ Medical Assessment ▪ Random Skills – Traction splinting (Hare, KTD, Sager) <ul style="list-style-type: none"> - Extremity splinting (Long bone & joint) - Airway & ventilation - Bleeding & wounds (occlusive dressing – neck & pressure dressing) - KED - Backboarding <p style="text-align: center;"><u>Alternative Path Competency Based EMT Programs</u></p> <ol style="list-style-type: none"> 1. Programs/agencies/instructors wishing to teach the competency based EMT program will be required to follow the competency based program standards document (developed by the Office of EMS). 2. An EMT Instructor must announce the course in accordance with the established Office of EMS Rules & Regulations and is ultimately responsible for the program. 3. A program/agency/instructor that met the requirements will be exempt from the requirement to have an EMT Instructor present in the classroom at all times in the program. 4. ALS accredited programs must apply to the Office of EMS to add the BLS competency based option. <p>Discussion about this concept was further enhanced by Warren Short. The intent of this alternative path will require BLS accreditation. Traditional EMT programs can use competency documents but must have an EMT Instructor.</p>	<p>Motion by Charles Lane, M.D. and seconded by George Lindbeck, M.D. to endorse the recommendation of the PDC that the BLS practical exam for certification in the Commonwealth of Virginia be changed to the three stations as described and the change be effective no later than July 1, 2010... Motion passed.</p> <p>Motion by George Lindbeck, M.D. and seconded by Asher Brand, M.D. to accept the recommendation from the PDC to allow competency based EMT programs as an alternative path to the traditional EMT Basic course as outlined... Motion passed.</p>
9. Legislative Grid Update – Gary Brown	Gary Brown advised that the legislative grid was on-line and he encouraged everyone to review a couple of specific bills:	

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	<ul style="list-style-type: none"> ▪ HB 479 ▪ SB 228 ▪ HB 922 	
10. Regulation & Compliance Issues – Mike Berg	<p>Regulation & Compliance is finalizing the draft proposed regulations that will be submitted for public comment.</p> <p>OMDs who were previously grandfathered are now coming up for re-endorsement and need to attend an OMD workshop. OMD workshops are scheduled as follows:</p> <ul style="list-style-type: none"> ▪ April 26 – Suffolk ▪ June 11 – Roanoke ▪ August 6 – Northern Virginia ▪ November 13 – EMS Symposium – Norfolk 	
11. Regional Council Issues – Gary Brown	<p>The Process Action Team (PAT) report and minutes from the Proposed Regional EMS Council Service Area Maps discussion can be located on the Office of EMS web page at: http://www.vdh.virginia.gov/OEMS/RegionalCoordination/index.htm</p>	
12. 2008 Meeting Dates	<ul style="list-style-type: none"> ○ July 10, 2008 ○ October 16, 2008 	
13. Public Comment	<p>Becky Callaway, ODEMSA, commented on the proposal to modify the regional council service areas and advised that it will take time and money to rewrite new hospital and budget plans. She asked that the Office consider this and to consider the confusion that will occur to the EMS providers who are working in the field.</p>	
14. For the Good of the Order	<p>Warren Short asked the committee if any of the members felt that OEMS staff was intentionally withholding information from the Medical Direction Committee based on an e-mail received from a Medical Direction Committee member. The general response from the committee members present was “that was not the impression.”</p> <p>Tracy Thomas was introduced and welcomed as the new Executive Council Director for ODEMSA.</p> <p>Amanda Davis, OEMS Consolidated Grants Manager, advised that there were \$9 million dollars in RSAF grants requested this grant cycle. Numerous grants had been requested for :</p> <ul style="list-style-type: none"> ▪ Auto pulses ▪ Intraosseous devices (IO) <p>Amanda Davis questioned what the priority of funding for these devices should be? The MDC had no opinion on the auto pulse devices but suggested that funding should be allocated for the IOs. It was the opinions of MDC to have FARC determine the approval of Epi Pens which are to be carried on</p>	<p>Motion by George Lindbeck and seconded by Stewart Martin to fund IOs with the individual OMD choosing which device is best suited for their EMS system (EZ IO, FAST IO, etc.)...Motion passed.</p>

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	the ambulances.	
ADJOURNMENT	NEXT MEETING July 10, 2008 10:30 A.M. Richmond Marriott West	